MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02477 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. 1. DECEASED-NAME First 20. DATE KNOWN Middle 2b. HOUR Yeor (Type or Print) ESTI-OF 0 ANNA CONLE DEATH MATED 2 28 1869 10:30r delay and 3 Poe IE UNDER 24 HRS 4. RACE 2c. DATE PRONOUNCED DEAD 3. SEX 5. DATE OF BIRTH 2d HOUR ond P.M.3. Doy White 87YRS 19 69 10 - 30 Female February 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Give Pages 1, along with farm country) WIDOWED DIVORCED [Howard with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Ellicott City Warff Lane & after 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER death. odmission) STATE 13b. COUNTY in Item 18 and 2 Howard after 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME haurs pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES 165. SOCIAL SECURITY NO 17. INFORMANT within, pend the Chief Medical Examily (Yes, not of unknown) TElliceTT Ex (If yes give war or dates of service) HIGIMBA 0 .= APPROXIMATE INTERVAL within should be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterissclerotic cardiovascular disease event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), writing the word any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . forwarded ta pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 90 remayal CERTIFICATION 190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, pe 4 shauld be 0 210. EXTERNAL CAUSE WAS 215. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) DIRECTOR: Page WHILE AT WORK AT WORK burial, 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion deoth resulted from: Noturol couses yy Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER XXX SIGNATURE 3/1/69 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) F. Wilson, BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) 25V. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR -SlACK FUNKARI KINK Ellicott

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02483 02478 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR Month 5 (Type or print) Doy 1969 eor EDITH CUFFLEY M. February 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Female 7-4-1888 White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED X DIVORCED [Maryland U.S.A. filled i Howard 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
365 Bonnie Branch Road during most of working life, even if retired.)
Housewife INDUSTRY remove carbon Ellicott City **Rompletely** event. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER ETTICOTE executed admission) STATE 13b. COUNTY YES -365 Bonnie Branch Rd. ond in any IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Middle Lost Last puo requires that the death certificate be please William. Schaeffer Marie McCrea 17 INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (III yes give war or dates of service) Yes, no, ar unknown) removal, 219-01-2357D Mrs. Ruth M. Payne, 365 Bonnie Branch Rd. No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: cardio-viscolar dispose 50 IMMEDIATE CAUSE (q.) buriol, cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T detached far use te Dept, of Health ATTENDING PHYSICIAN: 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while 220. I certify that (1) (this hospital) attended the deceased from saw the deceased glive on 19 69, and that _19 69, and that in (my) (our) opinion death occurred on the date and have and from the saw the deceased alive on_ director, page 3 should should be filed with the causes stoted abave, (1) (we) (did) (did nat) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. Thomas Herbert Church Road, Ellicott City, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE (State) (County) 2-8-1969 Loudon Park Cemetery Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 21229 Howard H. Hubbard, 4107 Wilkens Ave.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by-the-funeral director, page 3 should be detached for use as the buriol-transit permit. Men please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death corrificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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EI	RT	IF	CATE	OF	DEA	TH	

	DECEASED-NAME First Type or print)	Middle	Last	2a. D.	ATE OF DEATH Month Do	,196 ⁹ 1					
3.	Fannie 4. RACE	Mae	Davis S. DATE OF BI	IDTU	Feb 25	1969 1					
13.	Female	White		29,1884	last birthday)	MONTHS DAYS HOURS					
70					TY OF DEATH						
	intro)		MARRIED NEVER MAR	RCED T							
10	Virginia CITY OR TOWN OF DEATH	USA W 11. NAME OF HOSPITAL OR INSTITUT		- Invest	Howard ATION (Kind of work done	125. KIND OF BUSINES					
	Mt. Airy	give street address) # Z		during most of we	orking life, even if retired.)	INDUSTRY					
130	. USUAL RESIDENCE (Where deceased lived, if	institution: Residence before 13c.	CITY OR TOWN		SEWIF 6						
odi	nission) STATE 13b. CC	UNTY	Mt.Asrv	YES NO 📆	RFD # 3						
		tiddle Last		AIDEN NAME First	Middle	Last					
	Richard	Payne		F	rances	Dickerson					
16	. WAS DECEASED EVER IN U.S. ARMED FORCES	? 16b. SOCIAL SECURITY NO.	17. INFORMANT		Address						
	Yes, no or unknown) (11 yes give war or dates of s	ervice)	Mrs An	nie Perry	, Mt. Airy	. Md.					
	18. CAUSE OF DEATH (Enter only one cous	e per line far (a), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY:	a) Artorioscler	ofic Cardio	vascular 1	Dicease	Prove that					
		O, OR AS A CONSEQUENCE OF				10 4032					
	Canditions, if any, which gave										
	rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF										
	lost. DUE TO, OR AS A CONSEQUENCE OF										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
- 2	Intestinal Bleeding - undetermined cause										
CFRTIFICATION	19a. DATE OF OPERATION 19b. CONDITION	FOR WHICH OPERATION WAS PERFOR	MED 20a. AUTO		20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYIN					
			YES 🗌	NO 🔀	CAUSES OF DEATH?						
		TIME OF INJURY IR A.M. Manth Day Year	21c. HOW INJURY OCC	CURRED (Enter nature	af injury in Part 1 or Part 2,	Item 18.)					
MFDICAL	(If either, natify medical examiner)	P.M. 19									
8		NJURY (AT HOME, FARM, STREET, FACTORY, CEFFICE BUILDING, ETC.	21f. LOCATION Stree	et ar R.F.D. Na.	City or Town	County					
П	While Nat while at wark at wark										
	22a. I certify that (I) (this hospital) attended the deceased from Bour , 1960, to Feb , 1969, that (I) (we saw the deceased glive an Feb 24 1969, and that in (my) (aur) apinion death occurred an the date and hour and from										
Т	couses stated above, (I) (we) (did) (did nat) view the bady after death.										
	22b. SIGNATURE			116	22c.	DATE SIGNED					
	Wolf Culcullo Zu Degree ATTENDING DIRECTOR DIRECTOR DIPLOTOR DIPLO										
	22d. PHYSICIAN'S	Culwell, M	22e. ADD		+ 0/	100					
L		Cilleell, 14	D 90	O So Ma	in St Ma	HWY					
23	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)		TERY OR CREMATORY	23d. I	OCATION (City or Town)	(Caunty) (Stat					
Burial Feb.27.1969 Marvin Chapel Plane											
24	FUNERAL DIRECTOR Olin L. Moleswe	ADDRESS	wa	2Sa. REC'D BY REGIST	1 de 1 de 1						
A	OIII P. MOTERM	DI UII DAMASCUS	, MQ.	DATEFEB 2 8	1969	was Judge					

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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within 24 haurs after death.

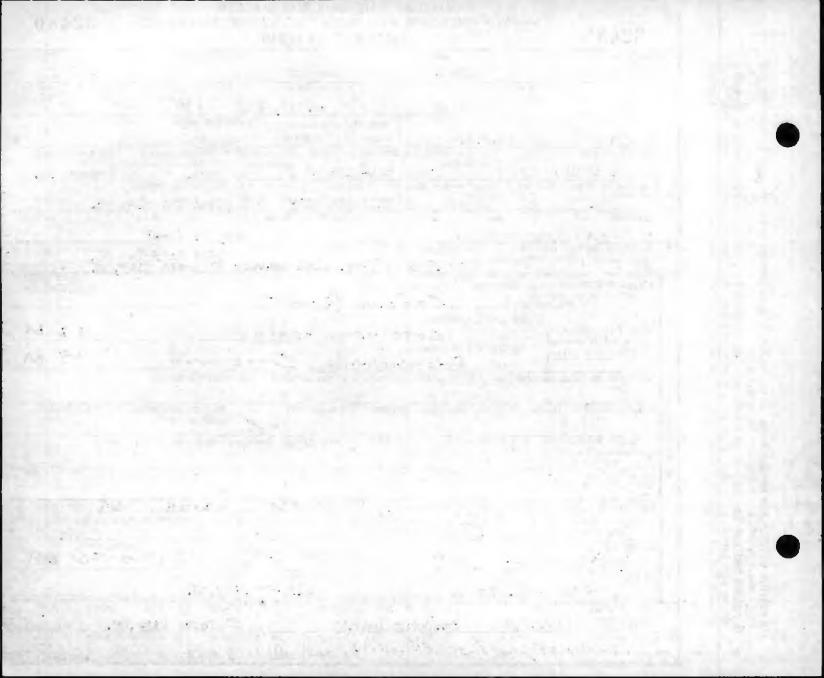
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compressive filled in by a directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pag shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician.

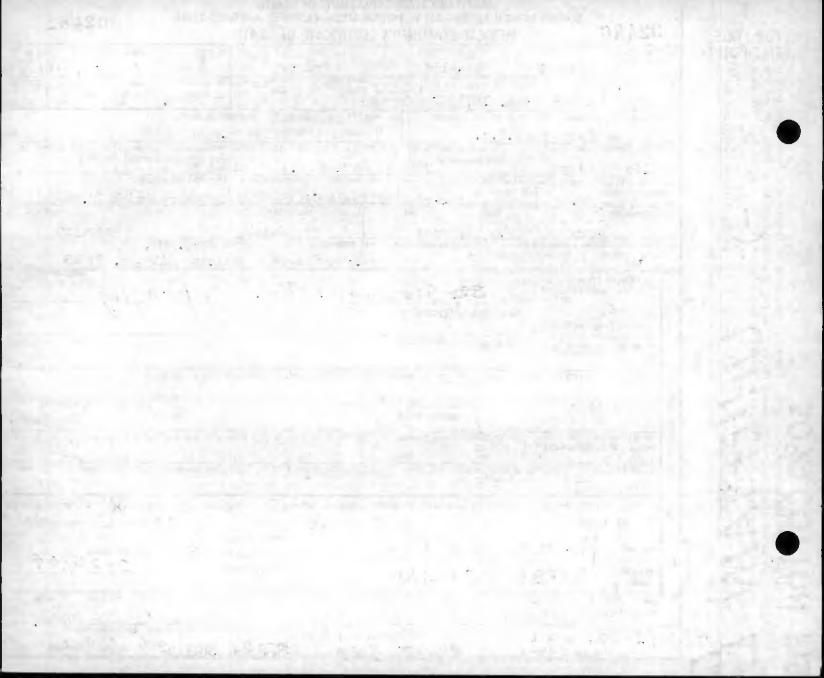
CERTIFICATE OF DEATH

1. DEC	EASED-NAME	First		Middle		Lost		2o. DATE OI	2o. DATE OF DEATH				
(Тур	pe or print)	John		David		Deaver	'S		Month D	700 Yeor	, 1		
3. SEX			4. RACE		-	S. DATE OF BIR	TH.	1	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
	male			white		Nov.	10, 1	910	lost birthday)	MONTHS DAYS	HOURS MIN.		
7o. BII	RTHPLACE (Stote	or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRI	NEVER MARK		9. COUNTY OF	FDEATH				
conuit) irginia	- 1	U.S	.A.	WIDOW		CED 🗍	Howa	ard		Mo		
10. CIT	Y OR TOWN OF I	DEATH	11. Ni	AME OF HOSPITAL OR INS) MOITUTITE	If not in hospital			(Kind of work dane		BUSINESS OR		
	Ellicott			5544	Wate	erloo Rd	R	oad er	life, even if retired.	Howard	i Co.		
13a. U	SUAL RESIDENCE sign) STATE	(Where deceas	ed lived, if institut	ion: Residence befare			3d, INSIDE CITY LE		TREET AND NUMBER				
		-	13b. COUNTY	oward	Ell:	cett Cit			4 Waterle	e Rd.			
14. FA	THER'S NAME	First	Middle	Lost		1s. MOTHER'S MAI	IDEN NAME F	irst	Middle		Lost		
			in Deave						3. Jewel				
160. V	VAS DECEASED EV s, no, or unknown	ER IN U.S. AR/ (If yes give a	MED_FOR(ES? vipr or dates of service)	16b. SOCIAL SECURITY I		7. INFORMANT	7	554	4 WaterI	e Rd,			
				213 01 34		rs. Dera	Deave	ers kill	bcott Cit	v.Md.	MATE INTERVAL		
				one cause per line for (o), (b), and (c).)							INSET AND DEATH		
	I DEA	IMMEDI.	ATE CAUSE (a)	Cas	910	c 1/1/2	257						
 	1621	126		AS A CONSEQUENCE OF		\					0 1 4		
ľ	Conditions, if any, which gave (b) Care mond to sis										LMI		
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF										8 M		
	lost. (1) Stonehousenic Catcinona,												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
S .	90. DATE OF OPER	ATION 19h	CONDITION FOR WH	IICH OPERATION WAS PE	20a AHTOR	20a. AUTOPSY? 20b. IF YES, WERE FINDIN				GS CONSIDERED IN CERTIFYING			
CERTIFICATION						YES NO CAUSES OF DEATH?							
2 2	lo. ACCIDENT W	AS UNDERLYI	IG 21b. TIME O	F INJURY	210			r noture of inju	ury in Part 1 or Port :	2, Item 18.)			
	OR CONTRIBUTING						,		•				
_	21d. INJURY OCC	JRRED 21e		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		LOCATION Street	ar R.F.D. No.	. City	or Town	County	Stote		
	While Not w	hile 🗆		OFFICE BUILDING, ETC.	/			,					
Ĭ	22a. certify that (1) (this haspital) attended the deceased from 10-70-509, to 2-24, 1969, that (1) (we) los												
	saw the deceased alive an 7-77-19@Tand that in (my) (aur) apinian death accurred an the date and haur and from the												
	cyceses stated abave, (I) (we) (did) (did nat) view the bady after death.												
1	22b. SIGNATURE 22b. SIGNATURE DEGREE PHYS DIRECTOR PHYS 22c. DATE SIGNATURE PHYS 22c. DATE SIGNATURE												
	2d. PHYSICIAN'S	1100		W(1)	D	EGREE PHYS, 22e, ADDR		DIRECTOR	PHYS.	0 - 0	6-1		
	NAME (Type)	Peter	VanB. Th	rane				City,	M.				
230	BURIAL, CREMATIC		DATE		CEMETERY	OR CREMATORY			ON (City ar Town)	(County)	(State)		
250.	REMOVAL (Specify		27/69 St. Johns						Ellicett City Md.				
	UNERAL DIRECTOR		~1/07	ADDRESS			2Sa. REC'D B	Y REGISTRAR	2Sb. REGISTRAI	R'S SIGNATURE			
			FUNEROL H	mE Elli	LOTTE		DUTALA D		CO VELIN		9		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02481 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month 2b. HOUR Dov Yeor (Type or Print) OF ESTI-1.45 M Rebert Franklin France 0 PM3. Page State: Department of 1969 DEATH MATED any deloy i IF UNDER 24 HRS. 4. RACE 6. AGE (In years IF UNDER 1 YEAR 2d. HOUR 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Year 19 Feb. 10.1952 male white 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Poges 1, along with form country) U.S.A. WIDOWED [DIVORCED [Maryland Howard after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Ellicott City Frederick Rd. death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY Ellicett Cit VS NO V 24 hours of 9954 Frederick Rd Howard Herry ! Office poges Land? ofter 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME Janet Gearhart haurs Harry France 9954 Fred ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? within forwarded to the Chief Medical Examilfor 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil (Yes, no, or unknown) (If yes give war or dates of service) Ellicott City, Md. 21043 Harry France File APPROXIMATE INTERVAL .= within This certificate should be executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gave rise to immediate couse (a), pleose execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 SD or remayal, be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗔 NO T the funeral director. Page 4 should be 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) FUNERAL DIRECTOR: Page 3 should MEDICAL PRIMARY TOR CONTRIBUTING HOUR A.M. cremation, SICAL EXAMINER: CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) ar your WHILE AT WORK AT WORK buriol, 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection A Inquiry ond in my apinion Suicide X. be retoined death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED 2 - 69 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS[Street, city, town, or county] 50 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Ellicett City Woward Md 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1-1910/2011 m -Slack Minelan Judge VR A15ME (5)

FUNKRADI



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02487 02482 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 26. DATE OF DEATH death. 2b HOUR hours after death. (Type or print) Month Herbert. Harland February 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR 15 JNOFR 24 HPS lost pirthdoy) Male White 1883 Feb. 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED EXT NEVER MARRIED country) England WIDOWED DIVORCED [Howard County 24 England 10. CITY OR TOWN OF DEATH 20 USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within during most of working ife, even if retired) ī INDUSTRY Rural Ellicott please remove corban City 382 Montgomery Contractor Retired 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before ATSC CITY 13e STREET AND NUMBER 382 Montgomery Rd. 13d INSIDE CITY LIMITS? burial, crematian, or removal, and in ony 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) (1) yes give wer or dates of service) 267-66-0571 Agnes Harland, 382 Montgomery Mrs 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (st) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the burial-tronsit p nse to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) for use as the b f Heolth prior to b been 196, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filed with the State Dept. of Health 1 YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF NUIRY 21c HOW INJURY OCCURRED (Enter noture of njury in Port 1 or Port 2, Item IB.) OR CONTR BUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote White Not while at work 22a. I certify that (1) (this hospital) attended the deceased from Met 6. , 1964, to put 4 . 19 69 , that (I) (we) last saw the deceased alive an Till 4 1967, and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b SIGNATURE ATTENDING DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) Lall Frederick & North Rolling Roads Leo 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b. DATE 23d LOCAT ON (City or Town) (COLATY) (Stote) Cremation Feb 12,1969 Loudon Park Baltimore. 24 FUNERAL DIRECTOR Columbia Pike oward Co



FOR STATE HEALTH DEPT.

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ro Funeral Director. Page 3 shauld ■e used as a burial-transit permit. File pages 1==42 with the State

Beatth prior to burial, cremation, or removal, and in any event within 72 hours after denth.,

Page 2, and 3 to

ny delay is

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haurs after death

DICAL EXAMINER: This certificate shauld be executed with

TO DEPUTY

the funeral director. Page 4 shauld be forwarded to the Chief Medical necessary, please execute the certificate, writing the ward "pending"

5 may be retained far your files.

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	ECEASED-NAME	First		Middle		Last		1	20 DATE	KNOWN	Month	Day	Year	2b HOUR	
'	Type ar Print)	PERC	Y	LEE		HOGGS			OF DEATH	MATED	2	12	19 6	0 8.Ms	
3. 5	EX	4. RACE	S DATE OF BIR	TH 6 1	AGE - years	IF UNDER 1 YEAR	IF UNDER			RONOUNCED	DEAD			2d HOUR	
	Male	Colore	12-2		20 YRS	MONTHS DAYS	HOURS	Min.	Month	Febru	Day	Yeo	19 60	8 · 0 ¶a	
7a.	BIRTHPLACE (State		76 CITIZEN OF WHA		***	RRIED NEVER M	ARRIED A	9 COUN	TY OF DE		Idly			LO.: UTa	
CONF	alto.	. Ma	U.S.A			_	ORCED		IIo	aard				Md	
	ITY OR TOWN O			ME OF HOSP TAL OR	INSTITUTION	N (if not in hospite			JPATION (Kind at wa			D OF BUSI	NESS OR	
	p114	cott_Cit		reet address)	2 T.T	a.C. Datela	dur ng	mast of v	working L	lewp'1	el ced d	UNDUSTR	IY.		
130.	USUAL RESIDEN	CE (Where deceas	ed lived, if institu	ion. Residence befo			3d. INSIDE CITY			T AND NUM					
٥	dmission) STATE	Md.	136. COUNTY	Notice and	В	alto.	YES 😿 N	10 D	1)10)8 Ro	sed	ale	Stre	aet.	
14.	ATHER'S NAME	First	Middle	10:		IS. MOTHER'S M	AIDEN NAME	First		Mid		4.44.14	Last	<u> </u>	
		Osca	r C.	Hog	ଟ୍ୟ			AT	tie		В.	Re	rro	αŢ	
160.	WAS DECEASED EV	/ER IN U.S. ARMED F		16b. SOCIAL SECURIT		17. INFORMANT		4 3.44	V V	ADDRES		ے سد	4 1 0	19	
1	es no, or unknow	VII) (If yes give	war ar dates al service)				tie H	Hoga	S	1408		seda	ale s	St.	
				- for (a) (b) and (-11					<u> </u>		,	APPROXIMATE	INTERVAL	
	PART 1. (DEATH WAS CAUSED	BY	ne for (a), (b), and (0ET	TWEEN ONSET	HTA3G DNA	
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	Conditions if	any, which gave)	DUE TO, OK	AS A CONSEQUENCE	UF										
	rise to immed	liate cause (a), ((b)	AC A CONCOURNE	OF.							-			
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF														
	(c)														
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(0)														
8	19o. DATE OF C	UDEPATION		10k COND TION FOR	שוורון חם	EDATION						T 20	AUTOPSY	2	
3	196. DATE OF OPERATION 196 COND.TION FOR WHICH OPERATION WAS PERFORMED?									YES FOR NO					
MEDICAL CERTIFICATION	210 EXTERNAL	CANCE WAS	215 TIME OF	NJURY Month, Day, Y	'aar	21c HOW INJURY (V/(IIDDED /En	atas natura	af course	us Bort I o	Doet 7 H	om 18 1	153 80%	NO [
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	deoth re	esulted from:	Natural cous	es 🔲, 🗚ccidi	ent,	Suicide,	Homicid	ie KXI,	Undet	ermined i	monner				
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	SIGNATURE MD. ASS STANT MEDICAL EXAMINER 22b. DATE SIG														
	EXAMINER'S	Production 2											/69		
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230	BUR AL, CREMA		DATE			OR CREMATORY		23d I	LOCATION	(City or Tow	/n)	(County)) (51	ote)	
-	Burial		-17-69			Mem. P		B	alti	more			ryle	ind	
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IM.	ORTON	& DYETT	r.H.	1701 La	urens	Stree	TIDATE T	COT	1 5	700	7		10	,	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02484 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. 1. DECEASED-NAME First Middle Last 20. DATE KNOWN 2b. HOUR Month Doy (Type or Print) OF ESTI-DEATH MATED X ELIZABETH INSLEY MOLLIE deloy is and 3 to o 2:50 1969 Department 2d. HOUALM IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE In years 2c. DATE PRONOUNCED DEAD puo PM3 lest birthday) F White Dec. 29, 1921 4:10AN YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED with farm North Carolina ending yem 18. Give Pages 1 U. S. A. Howard County WIDOWED [DIVORCED [pages 1 and 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR hours ofter death during most of warking life, even if retired.) INDUSTRY Elkridge Ave. Elkridge 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE YES NO X 1920 Victory Drive Baltimore Lansdowne after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle Britt John L. Williams Luvener be executed within 24 hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) Mr. Roy D. Insley, Jr. 1920 Victory Drive E APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Injuries. DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if any which gave rise to immediate cause (a). This certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse __ puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O removal, CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO THE please execute the certificate, pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 0 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING cremotion, MEDICAL over running & dragging auto accident 2:50AM 19 69 CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town Stote factory, office building, etc.) moy be retoined for your FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK Rt.# 1 & Louden Ave., Elkridge, Md. (Howard Cd. street 220. I certify that I taak charge of the remains described above, held on Autopsy Inspection X Inquiry and in my opinion Accident X Undefermined manner death resulted fram: Natural causes Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral SIGNATURE 2/16/1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Spitz, M.D. 5 moy 10 FUNE Health Werner ADDRESS(Street, city, town, or county) NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 2/21/69 Glen Haven Memorial Park Glen Burnie, Md. A. ADDRESS 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Patansco Ave. 21225

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